

(Sch. N.—Particulars to be specified in the Register of Births. Sch. O.—
Particulars to be specified in the Register of Deaths.)

SCHEDULE N.

(See section 444.)

PARTICULARS TO BE SPECIFIED IN THE REGISTER OF BIRTHS.

Serial number.

Date of Birth.

Place of birth	{	Districts. Sub-district. Ward-No. of house (<i>i.e., its distinguishing number under cl. (a) of s. 156</i>). Street or wádi. No. of house in street or wádi.
Parents	{	Names (and surnames, if any). Occupation or profession. Place of birth.
	{	Duration of residence in Bombay . . . { Years. Months. Days.
Mother being	{	Only wife now alive. One of two wives, both now alive. One of three or more wives, all now alive.
Mother being unmarried.		
Child	{	Born alive. Still-born. Sex. Race, caste or nationality. Name, if any.

NOTE.—In the case of the birth of a Hindú, the particular sub-division of his caste should be given. Christians should be separated into those of pure European parentage; those of mixed blood, *viz.*, Indo-Europeans; and those of pure Asiatic parentage, *viz.*, Native Christians. Negro-Africans or Siddis should be registered as such, and not as Mussulmans. In the case of Europeans, their religion should be specified.

SCHEDULE O.

(See section 444.)

PARTICULARS TO BE SPECIFIED IN THE REGISTER OF DEATHS.

Serial number.

Date of death.

Abode	{	District. Sub-district. Ward-No. of house (<i>i.e., its distinguishing number under cl. (a) of s. 156</i>). Street or wádi. No. of house in street or wádi.
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(Sch. P.—Certificate of Cause of Death.)

Duration of residence in Bombay. { Years.
Months.
Days.

If a stranger to Bombay, or lately arrived, wherefrom { Village.
Táluqá.
District.

Name (and surname, if any).

Sex.

Race, caste or nationality.

Age { Years.
Months.
Days.
Still-born.

Occupation or profession of deceased or of his or her family.

Place of birth { If in Bombay . { District,
Street or wádi.
No. of house.
If out of Bombay { Village.
Táluqá.
District.

Country to which family belongs.

Cause of death.

Duration of disease. { Years.
Months.
Days.
Hours.

Name and residence of medical attendant.

Place of disposal of dead, No. { Buried.
Burnt.
Exposed.

SCHEDULE P.

(See section 450.)

CERTIFICATE OF CAUSE OF DEATH.

I do hereby certify that I attended the deceased during his last illness, and that the cause of his death was, to the best of my belief, (*here state particulars*).

Date .

(Signed)

Medical Designation or Diploma.